



Department of Medical Assistance Services
 600 East Broad Street, Suite 1300
 Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

MEDICAID MEMO

TO: Addiction and Recovery Treatment Service Providers, Managed Care Organizations (MCOs), and Magellan of Virginia Participating in the Virginia Medical Assistance Program

FROM: Karen Kimsey, Director
 Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: TBD

SUBJECT: Retroactive Billing for Addiction and Recovery Treatment Services (ARTS) Effective July 1, 2020.

The purpose of this memorandum is to clarify retroactive Medicaid eligibility and provider expectations for ARTS authorization/billing requirements.

As described in the ARTS Manual, Chapter 4, page 27 -28, service authorization is required prior to service delivery for most ARTS services. Retroactive requests for authorizations will not be approved with the exception of retroactive Medicaid eligibility for the individual. When retroactive eligibility is obtained, the request for authorization must be submitted to the service authorization contractor no later than 30 days from the date that the individual's Medicaid was activated; if the request is submitted later than 30 days from the date of activation, the request will be authorized beginning on the date it was received.

PROVIDER CONTACT INFORMATION & RESOURCES

<p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>www.virginiamedicaid.dmas.virginia.gov</p>
<p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p>KEPRO Service authorization information for fee-for-service members.</p>	<p>https://dmas.kepro.com/</p>

<p>Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p>www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or Call: 1-800-424-4046</p>
<p>Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
Aetna Better Health of Virginia	<p>www.aetnabetterhealth.com/Virginia 1-800-279-1878</p>
Anthem HealthKeepers Plus	<p>www.anthem.com/vamedicaid 1-800-901-0020</p>
Magellan Complete Care of Virginia	<p>www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273</p>
Optima Family Care	1-800-881-2166
United Healthcare	<p>www.Uhcommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711</p>
Virginia Premier	1-800-727-7536 (TTY: 711),